



*Image 1745*

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/099,771
		Filing Date	March 15, 2002
		First Named Inventor	Scott D. Redmond
		Art Unit	1745
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	7	Attorney Docket Number	6049P001

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             First Class Certificate of Mailing, Return receipt postcard and copies of the thirteen (13) cited references.           </div>
<input checked="" type="checkbox"/> Information Disclosure Statement  <input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	MAR. 19, 2004

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson
Signature	<i>Krista Mathieson</i>
Date	3/19/04

MAR 22 2004



# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	(\$)
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**Complete if Known**

Application Number	10/099,771
Filing Date	March 15, 2002
First Named Inventor	Scott D. Redmond
Examiner Name	Not Yet Assigned
Group/Art Unit	1745
Attorney Docket No.	6049P001

**METHOD OF PAYMENT (check all that apply)**

Check     Credit card     Money Order     Other     None

Deposit Account

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below     Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

**2. EXTRA CLAIM FEES**

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		20*	= <span style="border: 1px solid black; padding: 2px;"> </span> X <span style="border: 1px solid black; padding: 2px;"> </span> = <span style="border: 1px solid black; padding: 2px;"> </span>	
		3	= <span style="border: 1px solid black; padding: 2px;"> </span> X <span style="border: 1px solid black; padding: 2px;"> </span> = <span style="border: 1px solid black; padding: 2px;"> </span>	
			= <span style="border: 1px solid black; padding: 2px;"> </span>	

**3. ADDITIONAL FEES****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	1,210	2255	605 Extension for reply within fifth month
1404	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	2451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
1503	640	2503	320 Plant issue fee
1460	130	2460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	770	1809	385 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810	385 For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801	385 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify)			
SUBTOTAL (2)		(\$)	

\*\*or number previously paid, if greater. For Reissues, see below

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)   (\$)**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	MAR. 19, 2004

Based on PTO/SB/17 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 08/11/2003.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

MAR 27 2004

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Application Number	10/099,771
Filing Date	March 15, 2002
First Named Inventor	Scott D. Redmond
Examiner Name	Not Yet Assigned
Group/Art Unit	1745
Attorney Docket No.	6049P001

**METHOD OF PAYMENT (check all that apply)**

Check     Credit card     Money Order     Other     None  
 Deposit Account

Deposit Account Number

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
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<input type="text"/>	<input type="text"/>	3	= <input type="text"/> X <input type="text"/> = <input type="text"/>	<input type="text"/>
Multiple Dependent				<input type="text"/>

**Large Entity**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	<input type="text"/>
1201	86	2201	43	Independent claims in excess of 3	<input type="text"/>
1203	290	2203	145	Multiple Dependent claim, if not paid	<input type="text"/>
1204	86	2204	43	**Reissue independent claims over original patent	<input type="text"/>
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	<input type="text"/>
SUBTOTAL (2)		(\$)			

\*\*or number previously paid, if greater. For Reissues, see below

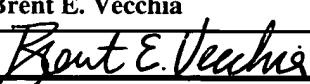
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Other fee (specify)			<input type="text"/>
SUBTOTAL (3)			(\$)

\* Reduced by Basic Filing Fee Paid

SUBMITTED BY

(\$)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	<i>MAR. 19, 2004</i>

Based on PTO/SB/17 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wfr) 08/11/2003.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Docket No.: 6049P001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

SCOTT D. REDMOND

Application No.: 10/099,771

Filed: March 15, 2002

For: **Method and Apparatus For A Hydrogen  
Fuel Cassette Distribution and Recovery  
System**

Art Group: 1745

Examiner: Not Yet Assigned

**INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of Information Disclosure Statement by Applicant (form PTO/SB/08), which is being submitted before the mailing of a first Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s). Copies of the references cited on PTO/SB/08 are enclosed herewith.

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

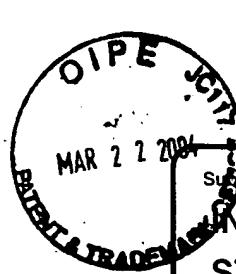
Date: MAR. 19, 2004

Brent E. Vecchia  
Brent E. Vecchia, Reg. No. 48,011

12400 Wilshire Boulevard, 7th Floor  
Los Angeles, CA 90025  
Telephone: (303) 740-1980

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Krista Matheson 3/19/04  
Krista Matheson Date



Substitute for form 1449A/PTO

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(use as many sheets as necessary)*

Sheet

1

of

1

<i>Complete if Known</i>	
Application Number	10/099,771
Filing Date	March 15, 2002
First Named Inventor	Scott D. Redmond
Art Unit	1745
Examiner Name	Not Yet Assigned
Attorney Docket Number	6049P001

U.S. PATENT DOCUMENTS

## **FOREIGN PATENT DOCUMENTS**

Examiner Signature		Date Considered	
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

*\*Applicant's unique citation designation number (optional). \*See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. \*Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \*For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. \*Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. \*Applicant is to place a check mark here if English language Translation is attached.*

Based on PTO/SB/08A (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 08/11/2003

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